



**MONTANA STATE HOSPITAL
POLICY AND PROCEDURE
FRONT DESK CHANGE FUND**

Effective Date: May 2, 2011

Policy #: BS-07

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- I. PURPOSE:** To establish policy and procedure for the Front Desk Change Fund.
- II. POLICY:** The Front Desk change bag will serve as a change fund for the Front Desk in the amount of \$20.00 to use in sale of visitor meal tickets.
- III. DEFINITIONS:** None
- IV. RESPONSIBILITIES:**
 - A. The Accountant is responsible for the management of the Change Fund as outlined in this policy.
 - B. The Hospital Operation Specialist is responsible for reconciling the funds and safe guarding the funds during regular work hours.
 - C. The Security Officer on afternoon shift is responsible to lock the funds in the night deposit box before afternoon shift has ended. The Security Officer on morning shift is responsible to retrieve the funds from the night deposit box during the hour of 6:00 a.m. and 7:00 a.m. for the Hospital Operation Specialist.
 - D. The Chief Financial Officer is responsible to ensure appropriate procedures are in place to allow accuracy of imprest cash.
- V. PROCEDURES:**
 - A. The Business Office will provide the Hospital Operation Specialist with a locking bank bag containing \$20.00 in cash. The cash will consist of two \$5.00 bills and one bundle of ten \$1.00 bills.
 - B. The money in this bag will only be used to make change for visitors buying a meal ticket. This money **will not** be used as petty cash to purchase any merchandise.
 - C. Meal tickets cost \$2.00 per person per meal.
 - D. The Hospital Operation Specialist, using the form provided by the Business Office, will reconcile the change fund at the end of every shift (see Attachment A).

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- ## VI. REFERENCES: None

- VIII. RESCISSIONS:** BS-07, *Front Desk Change Fund* dated December 1, 2007; BS-07, *Front Desk Change Fund* dated November 17, 2004; BS-07, *Front Desk Change Fund* dated August 1, 2003

- X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per M.C.A. § 307-106-330.

- ## XII. ATTACHMENTS:

- _____/_____/_____
John W. Glueckert Date
Hospital Administrator

_____/_____/_____
Tracey Thun Date
Chief Financial Officer